

AOK	LKK	BKK	IKK	VdAK	AEV	Knappschaft
Name, Vorname des Versicherten <span style="float: right;">geb. am</span>						
Kassen-Nr.	Versicherten-Nr.		Status			
Vertragsarzt-Nr.	VK gültig bis		Datum			

## Declaration of consent for genetic testing

(pursuant to German Gen DG, prerequisite for conduction of examination!)

Name of custodian(s) for minor(s), if applicable:

Phonenummer:.....

Surname, first name(s), date of birth

Surname, first name(s), date of birth

I request my/my child's blood/tissue sample to be tested for genetic alterations with respect to the following aspects:

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Or one of the following examination to be carried out:

- prenatal risk calculation for aneuploidies (first trimester screening/ double test)
- Chromosome analysis based on amniotic fluid/chorionic villi/cord blood)

I was informed about and I am aware of the purpose, kind, extent and validity of the requested genetic analysis. Furthermore, potential consequences which may arise from the results of the test for myself or my child have been discussed appropriately. In case of prenatal analysis, I was informed about my right to request psychosocial counselling and support as provided in the German Schwangerschafts-Konfliktgesetz.

All specifications provided by myself as well as all examination results are subject to medical confidentiality and will not be passed onto third parties without my written consent. I may revoke this consent without explanation and claim elimination of the samples any time. I had sufficient opportunity for asking questions.

If the proposed analysis cannot be carried out in the MVZ Nürnberg/Bayreuth, I agree the samples to be send out to cooperating laboratories, so that the test will be performed by proxy.

**Optionally:**

**Yes No**

- (only sent-in samples)** In addition to the report, sent to my physician, I wish to be notified of the result directly
- In addition to the report, sent to my physician, results shall be forwarded to the following physicians:

I was informed about the fact that the German Gendiagnostikgesetz (GenDG) stipulates elimination of the sample after establishment of the diagnostic finding. Documentation shall be eliminated after 10 years according to current German law. My material and data will be handled accordingly in case no further specifications have been made.

**Optionally:** In contrast to the GenDG, I request that excess material derived from me/my child

**Yes No**

- shall be preserved for contingent further analyses which might become indicated
- shall be preserved and used in anonymous form for quality management purposes in the examining laboratory
- shall be preserved and used in anonymous form for scientific purposes

Preservation will be done in accordance with the requirements of the responsible laboratory or according to technical feasibilities and material stability. I do not have claim on preservation.

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Place, date

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Signature (custodians in case of minors)